



DATE/TIME RECEIVED:

**TOWN OF LAKE PARK  
COMMUNITY DEVELOPMENT DEPARTMENT  
SPECIAL EVENT PERMIT APPLICATION**

For Events being held on Town Property, Town services may be requested for an additional fee(s). Please schedule a pre-submittal meeting with the Community Development Director at least 60 days in advance of your event by calling 561-881-3319.

**\*This Application must be completed and submitted by the Event Organizer  
("Applicant")\***

**Instructions:**

This completed Special Event Permit Application and all relevant attachments must be submitted to the Community Development Department not less than twenty-one **(21) calendar days** prior to the date of the proposed Event.

For events being proposed on Town Property, the deadline to submit is sixty **(60) calendar days** prior to the date of the proposed Event.

Application Fee Due and Payable Upon Submittal: \$75.00 (\$25.00 for individuals or Non-profit organizations)

Non-Profit IRS Tax Identification Number (required if Applicant is a non-profit):

\_\_\_\_\_  
(If applicable)

**Name of Applicant (i.e. Event Organizer):**

\_\_\_\_\_

**Name of Event:**

\_\_\_\_\_  
\_\_\_\_\_

**Address/Location of Event:**

\_\_\_\_\_

**If this Event requires a Town facility rental, please contact our Special Events Department at 561-840-0160 regarding the completion of the Facility Usage Application PRIOR to submitting this application.**

**Dates/Times of the event (as applicable):**

	Date	Day	Begin Time	End Time
Event Day 1	_____	_____	_____ ( ) AM ( ) PM	_____ ( ) AM ( ) PM
Event Day 2	_____	_____	_____ ( ) AM ( ) PM	_____ ( ) AM ( ) PM
Event Day 3	_____	_____	_____ ( ) AM ( ) PM	_____ ( ) AM ( ) PM
Event Day 4	_____	_____	_____ ( ) AM ( ) PM	_____ ( ) AM ( ) PM
Event Day 5	_____	_____	_____ ( ) AM ( ) PM	_____ ( ) AM ( ) PM
Event Day 6	_____	_____	_____ ( ) AM ( ) PM	_____ ( ) AM ( ) PM

**Additional Applicant Information:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

State/Zip \_\_\_\_\_

CONTACT PHONE: \_\_\_\_\_

Alternate Phone # \_\_\_\_\_

Fax: \_\_\_\_\_

E-mail : \_\_\_\_\_

**Description and Purpose of the Event**


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Estimated number of participants? \_\_\_\_\_

Has this event ever occurred in the Town of Lake Park? Yes \_\_\_\_ No \_\_\_\_

Has this site had a Special Event Permit this calendar year? Yes \_\_\_\_ No \_\_\_\_

Will there be an admission fee for the Event? *If yes, how much?* Yes \_\_\_\_ (\$\_\_\_\_) No \_\_\_\_

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Special Event Permit Application

Revised July 2016

Previous Editions Obsolete

**\*\*THE FOLLOWING SECTIONS MAY NOT APPLY TO**  
**NON-COMMERCIAL EVENTS\*\***

Will your event require road closure?

Yes \_\_\_\_ No \_\_\_\_

***If YES, describe the requested street segment closure and time and provide a Traffic Circulation Plan prepared by a Traffic Engineer, including a detour signage plan. You are responsible for notifying affected businesses/entities, including Palm Tran, regarding affected routes:***

**(Initial to acknowledge statement)**

**EVENT COMPONENTS** (Check the items that will be associated with your event.)

- \_\_\_\_\_ Road closure
- \_\_\_\_\_ Electric service hook-up required
- \_\_\_\_\_ Water service hook-up required
- \_\_\_\_\_ Sidewalks blocked
- \_\_\_\_\_ Municipal park(s) prepared
- \_\_\_\_\_ Booths or other temporary structures
- \_\_\_\_\_ Parking lots to be partially or completely closed
- \_\_\_\_\_ Food Vendors
- \_\_\_\_\_ Town litter pick-up or street sweeping
- \_\_\_\_\_ Tents (if yes, describe type and size \_\_\_\_\_)
- \_\_\_\_\_ Barricades ordered
- \_\_\_\_\_ Alcohol served
- \_\_\_\_\_ Security/Law Enforcement
- \_\_\_\_\_ Music, bands, DJ
- \_\_\_\_\_ Rides or other amusements
- \_\_\_\_\_ Animals
- \_\_\_\_\_ Fireworks
- \_\_\_\_\_ Food Vendors
- \_\_\_\_\_ Bleachers
- \_\_\_\_\_ Designated parking area
- \_\_\_\_\_ Town Restroom (if yes, please describe \_\_\_\_\_)
- \_\_\_\_\_ Portable Restrooms (if yes, please describe \_\_\_\_\_)
- \_\_\_\_\_ Dumpsters/Trash Receptacles
- \_\_\_\_\_ Portable stage
- \_\_\_\_\_ Other (e.g., bounce house, etc.)

**EVENT VENDOR(S) LIST ALL NAMES**

_____	_____
_____	_____
_____	_____
_____	_____

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Will the event require the use of electricity? Yes \_\_\_\_ No \_\_\_\_

Will the event require water hook-up? Yes \_\_\_\_ No \_\_\_\_

\*Will food and/or beverages be served? Yes \_\_\_\_ No \_\_\_\_

\*Will the event have vendors or concession sales, including food? Yes \_\_\_\_ No \_\_\_\_

***\*If the answers to the above questions are YES, the Applicant is responsible for securing all respective Palm Beach County and State of Florida Health Certificates for food vendors, as well as copies of all other commercial vendor licenses. Florida hood system inspection reports are required for all food trucks and must accompany this Special Event Permit Application.***

***All Applicants must also provide to the Town a Certificate of Insurance issued no more than thirty (30) days prior to the date of the event and naming the Town of Lake Park (and the CRA, if the event is taking place within the CRA area) as certificate holder and an additional insured with respect to commercial general liability. The required limits are \$1 million per occurrence and \$2 million aggregate. \$100,000 damage to rented premises must also be provided.***

***Applicants who are found to have attempted to circumvent this requirement by using another person/entity for the purposes of obtaining the required insurance coverage shall be barred from obtaining another special event permit within the Town for three years.***

(Applicant initial to acknowledge statement)

***The Applicant holds full responsibility and liability for its vendors.***

(Initial to acknowledge statement)

\*\*Will alcoholic beverages be served? Yes \_\_\_\_ No \_\_\_\_

***\*\*If the answer to the above question is YES, additional liquor legal liability insurance usual to the insured's operations with a \$1million limit must be included on the Certificate of Insurance.***

\*\*\*Are you proposing signage? Yes \_\_\_\_ No \_\_\_\_

***\*\*\*If the answer to the above question is YES, please fill out the Signage Permit Application available in the Community Development Department. An additional \$100.00 application fee is required for this signage application. This application will be deemed incomplete if signage is proposed and a signage application is not submitted.***

Will the event have an official "Flyer" and/or promotional materials? Yes \_\_\_\_ No \_\_\_\_  
If yes, please provide a copy of the "Flyer".

**Please provide a sketch of the Special Event site including: Proposed location of parking, tent(s), concession stand(s), booth(s), stage(s), etc. OR provide an attachment:**

**NOTE:** Public parking spaces are on a first-come, first-serve basis, and may be metered depending on where your event is being held.

**IF TENTS ARE BEING UTILIZED:**

**MAXIMUM ALLOWABLE TENT SIZE IS 35' X 45'.**

**For ALL tents larger than 10 ft. x 10 ft. (pop-up style), a *Certificate of Flame Resistance* is required and must accompany this Special Event Permit Application.**

***(FOR OFFICE USE ONLY)***

**SIGNATURES/APPROVALS:**

Please Sign and Date

**SPECIAL EVENTS DIRECTOR:** *(If applicable)*\_\_\_\_\_  
DATE: \_\_\_\_\_**PUBLIC WORKS DIRECTOR:**\_\_\_\_\_  
DATE: \_\_\_\_\_**MARINA DIRECTOR:** *(If applicable)*\_\_\_\_\_  
DATE: \_\_\_\_\_**PALM BEACH COUNTY SHERIFF:**\_\_\_\_\_  
DATE: \_\_\_\_\_**PALM BEACH COUNTY FIRE-RESCUE:**\_\_\_\_\_  
DATE: \_\_\_\_\_**RISK MANAGEMENT:** *(If applicable)*\_\_\_\_\_  
DATE: \_\_\_\_\_**CODE COMPLIANCE OFFICER:**\_\_\_\_\_  
DATE: \_\_\_\_\_

ADA Requirements

Insurance  
Requirements**COMMUNITY DEVELOPMENT DIRECTOR:**\_\_\_\_\_  
DATE: \_\_\_\_\_**Additional Comments (reviewers may include attachments):**

APPLICANT SIGNATURE: \_\_\_\_\_

APPLICANT PRINTED NAME: \_\_\_\_\_ DATE: \_\_\_\_\_



## COMMUNITY DEVELOPMENT SPECIAL EVENT CHECKLIST

***\*\*All events proposed on Town property must FIRST be secured through the Special Events Department either by visiting Town Hall or by calling 561-840-0160)\*\****

- ☐ Special Event Application - \$75 fee applies
- ☐ Signage Application (including 2 sets of visuals illustrating the proposed signage and location maps indicating the proposed sign location) - \$100 weekly fee applies

**The Community Development Special Event Application must include ALL of the following items upon submittal:**

- ☐ A detailed aerial image/location map of the event, including vendor booth locations and detailed descriptions of any entertainment and/or recreational venues
- ☐ Insurance Certificate with the Town of Lake Park listed as certificate holder. LIMITS: General Liability \$1,000,000 per occurrence; Aggregate \$2,000,000; \$100,000 Damage to Premises; Liquor Legal Liability (if applicable) \$1,000,000 (*certificates shall be current and not be dated more than 30 days from the event date*). **Event organizer is responsible for securing all vendor insurance certificates pursuant to the above limits.**
- ☐ **(IF APPLICABLE)** A Maintenance of Traffic (MOT) Plan signed and sealed by a certified Engineer, shall include:
  - (1) An aerial image of the event site and immediate surrounding area;
  - (2) Traffic circulation plan surrounding the event site, including commercial parking lots affected by the road closure;
  - (3) Barricade locations;
  - (4) Detour signage details and locations;
  - (5) A copy of the notification correspondence sent at least 14 days in advance of the event to all business AND property owners adjacent to the event area;
  - (6) A copy of the notification correspondence sent at least 14 days in advance of the event to Palm Tran
- ☐ A detailed description of the Palm Beach County Fire Rescue Services being requested
- ☐ A detailed description of the event *security* being provided and/or law enforcement services being requested.
- ☐ A detailed description of restroom locations and # being provided.
- ☐ A detailed description of Public Works support being requested. This shall include any electrical/trash/water/barricade support (*additional labor-related fees will apply and shall be determined based on request*)
- ☐ A detailed description of all tents being used for the event. If each tent is larger than 10 feet x 10 feet, a Certificate of Flame Resistance for each tent must be submitted.



PERMIT #: \_\_\_\_\_

**APPLICATION FOR:**

☐ WINDOW SIGNAGE  
☐ PARKING SIGNAGE

☐ NEW SIGN  
☐ FACE CHANGES (ONLY WHEN PREVIOUS BUILDING PERMIT WAS GRANTED)

☐ TEMPORARY SIGNAGE

**Job Address:** \_\_\_\_\_

**PCN#** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Estimated Value of Signage \$** \_\_\_\_\_

**Description of Signage** *(Include TWO copies of visuals depicting location and size)*

\_\_\_\_\_  
\_\_\_\_\_

**Owner** (Required)

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_ (REQUIRED)

**Tenant** (☐ Check if same as owner)

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_ (REQUIRED)

**Authorized Agent** (If applicable)

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Contractor** (If applicable)

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Contact Name: \_\_\_\_\_ (REQUIRED)

Email Address: \_\_\_\_\_ (REQUIRED)

Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_





PERMIT #: \_\_\_\_\_

## TERMS

- APPLICANT IS HEREBY REQUIRED TO OBTAIN A BUILDING PERMIT TO INSTALL SIGNAGE AS INDICATED. I CERTIFY THAT NO WORK OR INSTALLATION HAS COMMENCED PRIOR TO THE ISSUANCE OF A PERMIT AND THAT ALL WORK BE PERFORMED TO MEET THE STANDARDS OF ALL CODES, LAWS, RULES, AND REGULATIONS IN THIS JURISDICTION. IF THE INSTALLATION HAS COMMENCED PRIOR TO THE ISSUANCE OF A PERMIT, THREE TIMES THE AMOUNT OWED WILL BE ASSESSED.
- ISSUANCE OF THIS PERMIT DOES NOT AUTHORIZE VIOLATION OF DEED RESTRICTIONS **FEES ARE NOT REFUNDABLE**
- THIS PERMIT IS VOID AFTER 180 DAYS OR THE TIME LIMIT SET FOR ANY INDIVIDUAL SIGNAGE PERMIT, AS IS DETERMINED BY THE TOWN CODE OF ORDINANCES. ALL CONTRACTORS MUST HAVE VALID STATE CERTIFICATION OR COUNTY COMPETENCY PLUS COUNTY AND CITY BUSINESS TAX RECEIPTS PRIOR TO OBTAINING A PERMIT.
- ANY CHANGE IN PLANS OR SPECIFICATIONS MUST BE RECORDED WITH THIS OFFICE. ANY WORK NOT COVERED ABOVE MUST HAVE A VALID PERMIT PRIOR TO COMMENCEMENT OF WORK. IN CONSIDERATION OF GRANTING THIS PERMIT, THE OWNER, TENANT, AND CONTRACTOR AGREE TO ERECT THIS SIGNAGE IN FULL COMPLIANCE WITH THE ZONING CODES. MOUNTING, ELECTRICAL WORK, AND ANY OTHER BUILDING CODE RELATED WORK IS NOT COVERED UNDER THIS PERMIT; A SEPARATE BUILDING PERMIT IS REQUIRED.

## SINAGE FEE CALCULATION

### Type of Signage

Windows Signage:	\$50.00
Temporary Signage:	\$100.00
All other signage:	\$100.00 up to \$3,000 value or \$200 if more



PERMIT #: \_\_\_\_\_

**TENANT OR AGENT OR OWNER**    **Box 1**    *(If tenant or agent applies see Box 3)*  
**CONTRACTOR**    **Box 2**    *(Attach copy of contract if Box 1 is not signed by owner)*  
**OWNER AFFIDAVIT**    **Box 3**    *(Only use if tenant/agent applies on owners behalf)*

I certify that the foregoing information is accurate and that all work will be done in compliance with all applicable codes, laws, rules, and regulations governing construction/installation and zoning. I understand that I am taking full responsibility and am liable for all work related to this permit. I understand that there will be a minimum of one final inspection required in order to close out the permit and that failure to comply with the requirement will result in an expired permit and Code Enforcement action.

**1 TENANT OR AGENT OR OWNER**

Signature of Tenant or Agent or Owner **(CIRCLE ONE)**

Print Name

SWORN TO OR AFFIRMED before me this \_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

By: \_\_\_\_\_

( ) who has produced as identification  
( ) whom I know personally

STATE OF FLORIDA  
PALM BEACH COUNTY

(Seal)

**2 CONTRACTOR**

Signature of Contractor **(IF APPLICABLE)**

Print Name

SWORN TO OR AFFIRMED before me this \_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

By: \_\_\_\_\_

( ) who has produced as identification  
( ) whom I know personally

STATE OF FLORIDA  
PALM BEACH COUNTY

(Seal)

**3 OWNER COMPLETE AND SIGN BELOW IF TENANT OR AGENT APPLIES ON OWNERS BEHALF**

**OWNER AFFIDAVIT**

I, \_\_\_\_\_ ("Property Owner"), of \_\_\_\_\_

("Applicant"), ("Address"), authorize \_\_\_\_\_ to apply for and receive a signage permit for my

property located at \_\_\_\_\_. I understand that there will be a minimum of one final inspection required in order to close out the permit and that failure to comply with the requirement will result in an expired permit and Code Enforcement action.

\_\_\_\_\_  
Signature of Owner

STATE OF FLORIDA  
PALM BEACH COUNTY

(Seal)

\_\_\_\_\_  
Print Name

SWORN TO OR AFFIRMED before me this \_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_ By: \_\_\_\_\_

☐ who has produced as identification    ☐ whom I know personally